

## KENTUCKY STATE BOARD FOR PROPRIETARY EDUCATION

**Ernie Fletcher**Governor

P. O. Box 1360 Frankfort, Kentucky 40602 Phone (502) 564-3296, ext. 227 Fax (502) 696-1929 http://finance.ky.gov/ourcabinet/caboff/OAS/op/

## **STUDENT INFORMATION FORM**

For Decker College Students

First Name	Middle Name	Last Name	
Street Address			
PO Box, Apt. #, Suite # (If ap	oplicable)		
City	State	Zip	
Home telephone number		Cell phone number	<del></del>
Home e-mail address			
Social Security Number		Date of Birth	<del></del>
Date enrolled in Decker Coll	ege	Name of Program	<u></u>
Please check below the Dec	ker College school location	attended:	
Ormsby Station, Lou National Turnpike, L Third Street, Louisvi Out of State	ouisville KY		
I affirm that all information pro	ovided herein are true, correct	and complete to the best of my knowledge	and belief.
Signature		Date	



## STUDENT INFORMATION FORM For Decker College Students (Page 2)

Please list each course completed or currently taking with Decker College:

Course Title	Date(s) Attended	Number of Hours	Completed
	From: To: mm/dd/yyyy mm/dd/yyyy		Please Indicate: Yes/No
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